

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Roger Farnholtz
Serial No.: Unknown
Filed: March 19, 2004
Docket No.: 1001.1690102
For: TORQUEABLE AND DEFLECTABLE MEDICAL DEVICE SHAFT

Examiner in immediately
preceding parent appln.: S. Dagostino
Anticipated Group Art Unit: 3743
Customer No.: 28075

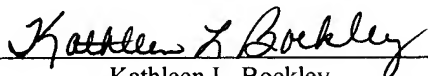
TRANSMITTAL SHEET

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613569 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 19th day of March 2004.

By


Kathleen L. Bookley

We are transmitting herewith the attached Patent Application which is a Continuation of prior Application Serial No. 09/863,152 under 37 C.F.R. § 1.53(b). The Continuation Application includes the following:

☒ TEN (10) sheet(s) of Specification.

☒ EIGHTEEN (18) Claim(s).

☒ ONE (1) sheet of Abstract.

☒ TWO (2) sheet(s) of Formal Drawings.

☒ Copy of Executed Declaration and Copy of Revocation of Prior Powers of Attorney and Power of Attorney from a prior application. **Please recognize Customer No. 28075 in connection with this application.**

****The entire disclosure of the prior application, from which the Declaration and Power of Attorney is supplied, is considered a part of the disclosure of the accompanying continuation application and is hereby incorporated by reference.**

☐ Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed.

[XX] An Assignment of the invention to SciMed Life Systems, Inc. was filed in a prior application.

[] A certified copy of a _____ application, Serial No. _____, filed _____, the right of priority of which is claimed under 35 U.S.C. § 119 was filed in a prior application.

[XX] A Preliminary Amendment.

The filing fee is calculated below, pursuant to entry of the Preliminary Amendment.

CLAIMS AS FILED						
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	1	0		\$385		\$770
Total Claims	23	3	X 9 =	\$	X 18 =	\$54
Independent Claims	4	1	X 43 =	\$	X 86 =	\$86
() Multiple Dependent Claim Presented			+ 145 =	\$	+ 290 =	\$0
TOTAL			\$		\$910	

*If the difference in Column (1) is less than zero, enter "0" in column 2.

[] Other _____.

[XX] A check in the amount of \$910.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
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